

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18110**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>HOWARD</b>	
b. CITY (If on the corporate limits, write RURAL and give township) <b>Boonville</b>	c. LENGTH OF STAY (In this place) <b>4 mos.</b>	c. CITY OR TOWN <b>Boonsboro</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HAAS Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>1 1/2 mi. S.E. Boonsboro Hwy 89</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAY</b> b. (Middle) <b>DUREN</b> c. (Last) <b>KIVETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 21, 1882</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Trimmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Tom Duren</b>	
14. MOTHER'S MAIDEN NAME <b>Ida Harris</b>		15. NAME OF HUSBAND OR WIFE <b>Earl Kivett (dec.)</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-20-9193A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John T. Kivett Franklin Mo.</b>	ADDRESS <b>Franklin Mo.</b>
---	--	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic nephritis and diabetes</b> INTERVAL BETWEEN ONSET AND DEATH <b>?</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>592X</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 19, 1955** to **June 20, 1955**, that I last saw the deceased alive on **June 19, 1955**, and that death occurred at **3:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Heber R. Ravnson M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Boonville Mo.</b>	23c. DATE SIGNED <b>June 20, 1955</b>
--	-------------------------------	--------------------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 22, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boonsboro</b>	24d. LOCATION (City, town, or county) <b>Boonsboro Mo.</b>
---	-----------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>6/22/55</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>De Hooper</b>	ADDRESS <b>381- Glasgow Mo.</b>
---	--	------------------------------------

AUG 29 1955

JUL 6 1955

---

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. 392

P. O. Address Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.